

Age-adjusted Death Rates* by Health Service Area
North Carolina 1981

<u>Area</u>	<u>Total</u>	<u>White Male</u>	<u>White Female</u>	<u>Nonwhite Male</u>	<u>Nonwhite Female</u>
North Carolina	609.1	774.2	390.0	1114.4	577.0
Western	547.8	731.7	366.0	1083.3	588.4
Piedmont	579.8	748.2	383.6	1035.4	604.7
Southern Piedmont	603.8	765.6	395.9	1191.0	617.5
Capital	620.9	784.9	383.5	1103.1	582.4
Cardinal	653.1	846.5	406.8	1101.5	522.5
Eastern	672.9	832.8	422.0	1151.5	579.5

*Deaths per 100,000 population, computed by the direct method using 10-year age groups and the U.S. 1940 total population as the standard. Do not compare these rates to rates not comparably adjusted.

The State Center's Leading Causes of Mortality (32) provides the most concise measure available to study the forces of mortality among health service areas, regions of the Department of Human Resources and counties. The table on the next page summarizes those age-race-sex-adjusted death rates by cause and health service area.

An immediate observation is the large number of above-average rates found in the Cardinal and Eastern HSAs with a particularly notable excess in the case of atherosclerosis in the Cardinal. Other excesses most worthy of note would include lung, cervical, and ovarian cancer as well as pneumonia/influenza in the Eastern HSA; accidents, especially motor vehicle, in the Cardinal; chronic obstructive lung disease in the Capital; homicide, nephritis/nephrosis, and chronic liver disease/cirrhosis in the Southern Piedmont; and ovarian cancer in the Western HSA. No rate in the Piedmont HSA exceeded the state average by as much as 10 percent.

The extent to which diagnostic and certification practices account for the HSA differences is unknown. To further detail mortality excesses, the race-sex excesses in age-adjusted mortality of a geographical unit may also be examined. In the cases of excessive atherosclerosis in the Cardinal HSA and cervical cancer in the Eastern, for example, comparisons to the N.C. rates are given below. These data reveal that the atherosclerosis excess involved all Cardinal race-sex groups except white males and that the Eastern cervical cancer excess involved nonwhite females more than their white counterparts.